


SB-7

WITHDRAWAL FORM

**Application Side**(To be filled by depositor)

 Name of the Post Office..... 

Date	D	D	M	M	Y	Y				
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Type of Account :  SB  TD  MIS  SCSS  NSS, Others.....

Account No. 

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NATURE OF PAYMENT :-  Interest  Withdrawal

Please pay to me / messenger (whose name and signatures are given below) the sum of ₹.....(In figures) ₹ .....(In words).

Balance after withdrawal ₹------(in figures)

Signature or thumb impression of account holder(s)/guardian

Name of Messenger .....

Signature of Messenger .....


**Signature of account holder(s)**  
(Required only if payment is required through messenger)

**Note:- Aadhaar Seeding required for availing DBT benefits in POSB A/C**   
(enclosed prescribed form)

Initial of PA Initial of APM/SPM

Note:- Please submit passbook along with this form.

**PAYMENT ORDER**(For office use only)


 Date 

D	D	M	M	Y	Y		
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 Transaction ID .....

Pay ₹.....(In figures) Rupees  
.....(in words)

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Date Stamp **Signature of Postmaster**

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**ACQUITTANCE** (to be filled by depositor/messenger)

Received ₹.....(In figures) Rupees  
..... (in words).


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Date:- **Signature or thumb impression of account holder /guardian /messenger**

Mobile No. .... PAN No. ....(if applicable)  
Attested By \_\_\_\_\_(Name & Address)  
(Attestation is applicable in case of thumb impression)